

RIO ARRIBA COUNTY DETENTION CENTER



Inmate Screening



Inmate Number 13157

Screening Date Time 03/11/2014 22:31

Social Security Number [REDACTED] 8889

Inmate Name TAFOYA, MICHAEL

Employee MARTINEZ, ANTHONY

Date Of Birth [REDACTED] 1987

Inmate Screening # 00004786

I. SUBSTANCE USE/ABUSE

1. Signs of being under the influence of Alcohol/Drugs? - Y/N N Specify Symptoms

2. Signs of Substance Withdrawal? - Y/N N

3. Do you use alcohol/drugs? - Y/N N Type

Regular? ☐ Amount? ☐Last 24 hours? ☐ Amount? ☐

4. Are you currently taking methadone/suboxin? - Y/N N

5. Are you currently taking prescription medication? - Y/N N

Your own? - Y/N

N If yes, what?

Often? ☐Last Used? ☐

Someone else's? - Y/N

N If yes, what?

Often? ☐Last Used? ☐

6. Do you get sick when you stop using alcohol/drugs? - Y/N

N

Symptoms Experienced

II. SUICIDE RISK

1. Have you felt like hurting yourself in the past? - Y/N N

If so when and how?

2. Do you feel like hurting or killing yourself now (suicide or self-harm)? - Y/N N

3. Has there been anyone in your family or close friend that has attempted or committed suicide? - Y/N N

5. Have you suffered a recent loss of someone in your life? - Y/N N

If so who and when?

6. OBSERVATION OF STAFF:

Is subject stressed or embarrassed? - Y/N Y

Is subject withdrawn or non-communicative? - Y/N N

Is subject nervous or restless? - Y/N Y

Does subject have minimum levels of consciousness? - Y/N N

7. INFORMATIONAL:

Does the arresting or transporting officer/s have concerns regarding the subject's threat to self or threat to others? - Y/N N

Was the subject a prior suicide risk during previous contact of confinement with the agency? - Y/N N

8. Has inmate reported Loss Of Consciousness? - Y/N N If yes, when?

GOVERNMENT
EXHIBIT

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NOTICE: A 'YES' to any of the above 8 statements requires a MANDATORY REFERRAL for further evaluation.



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III. MENTAL HEALTH SCREENING:

1. Does the subject display behavior indicating being mentally challenged? - Y/N N

2. Does the subject show signs of:

Depression ☒ Anxiousness ☐ Anger ☐ Fear ☒

3. Does the subject hold a position of respect or authority in the community? - Y/N N

If so, add to risk of suicide

4. Has the subject suffered a traumatic brain injury? - Y/N N

If so, when and how?

5. Is the subject now or in the past on psychotropic medications? - Y/N N

If so, what and when?

6. Is the subject now or in the past treated or hospitalized for behavioral health reasons? - Y/N Y

If so, for what and when? NERVOUS BREAKDOWN SF NEW MEXICO

7. Subjective Mental Health Observations:

Facial: Normal ☒ Sad ☒ Flat ☐ Worried ☐ Avoids gaze ☐
 Dress: Normal ☒ Meticulous ☐ Poor hygiene ☐ Eccentric ☐ Seductive ☐
 Motor Activity: Normal ☒ Agitation ☐ Tremors ☐ Muscle stiffness ☐
 Speech: Normal ☒ Slurred ☐ Slowed ☐ Rapid ☐ Stuttering ☐
 Interview Behavior: Normal ☒ Angry ☐ Impulsive ☐ Withdrawn ☐ Passive ☐
 Flow of Thought: Normal ☒ Flight of ideas ☐ Loose association ☐
 Mood / Affect: Normal ☒ Anxious ☐ Flat ☐ Elevated ☐ Depressed ☐
 Orientation: Time ☐ Place ☐ Person ☐ Event ☐
 Insight / Judgement: Normal ☒ Doesn't know why he/she is here?
 Thought Content: Appears to have visual and/or auditory hallucinations? N

COMMENTS:

IV. PREA CONCERNS

(All information obtained in the section will be included in the final decision for custody status and housing assignment upon completion of the "Initial Screening Form", "Initial Custody Assessment Scale", and the "Custody Reassessment Scale", respectively.)

1. Has the inmate/detainee been involved in a sexual related offense prior to detention or while in detention either as a victim or as an assailant? - N

COMMENT:

TAFOYA, MICHAEL



V. MEDICAL HEALTH SCREENING

1. Have you just come from the Emergency Room, Doctor's Office or medical furlough?- Y/N N

Head Trauma? ☐
Loss of Consciousness? ☐

If so, for what?

2. Do you have medical or dental problems needing immediate attention? - Y/N N

If so, for what?

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3. Do you wear glasses or contact lenses? - Y/N N

4. Do you have them with you? - Y/N N

Contact lenses - provide solution, container, and pass/permit

| | | | | | | |
|---------|--------|---------|--------------------------|---------|---------|--------------------------|
| Glasses | Frame: | Intact? | <input type="checkbox"/> | Lenses: | Intact? | <input type="checkbox"/> |
| | | Broken? | <input type="checkbox"/> | | Broken? | <input type="checkbox"/> |



5. Medical History as Reported by Subject/Inmate:

Current treatment for medical problems? - Y/N N

Use of prescription medication? - Y/N N

Special prescribed diet? - Y/N N

Recent hospitalization? - Y/N N Medical or Mental?

Recent head injury? - Y/N N

Recent blackouts/fainting? - Y/N N

Unconscious? - Y/N N

Reported Pain? - Y/N Y Where? Onset? Tx? THUMB AND BACK PAIN

Chronic Cough? - Y/N N

Chronic Diarrhea? - Y/N N

Current itching/skin rash/open wounds/abscess? - Y/N N

Breeding/draining wounds? - Y/N N

Heart Condition? - Y/N N

Diabetes? - Y/N N HTN? Hyperlipidemia?

Epilepsy/seizures? - Y/N N

Asthma? - Y/N N

History of ulcers? - Y/N N Stomach or skin?

History of/Exposure to tuberculosis? - Y/N N

History of/Exposure to sexually transmitted disease? - Y/N N

History of hepatitis/jaundice? - Y/N N

AIDS/HIV - Y/N N

Allergies? - Y/N N Medications? Food? Environmental?

Dental Problems? - Y/N N

Physical handicap? - Y/N N

Restricted mobility? - Y/N N

Vermin/Lice? - Y/N N

Lesions/bruises/other signs of physical injury? - Y/N N

COMMENTS:

Sex Male

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VI. FEMALE SPECIFIC:

1. Are you pregnant? - Y/N

If so, how far along?

Have you started pre-natal care? - Y/N

Do you have a doctor? - Y/N

If so, who?

2. Have you recently had a baby, miscarriage, or abortion? - Y/N

If so, what procedure and when?

VII. PHYSICAL INJURY CHART (Observable abrasions, abscesses, burns, contusions, lacerations, scratches, sprains, casts, tattoos, etc., UNHEALED OR NEW)

Narrative

ABRASIONS

ABCESSES

BURNS

CONTUSIONS

LACERATIONS

SCRATCHES

SPRAINS

CASTS

BRUISES

TATTOOS

VIII. IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT? Y

Whom? ☒ Name: DARLENE CARTERFamily? ☒ Relation: GRANDMOTHERPhone? ☒ Numbers? [REDACTED]Address? ☐ Comment

IX. Primary language spoken:

English ☒

Spanish ☐

Other ☐

Comment

A handwritten signature in black ink, appearing to read 'Michael Tafoya', written over a horizontal line.

Date

A handwritten signature in black ink, appearing to read 'Darlene Carter', written over a horizontal line.

Date

A handwritten signature in black ink, appearing to read '3/11/15', written over a horizontal line.